

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</small>				Attorney Docket No. LUD-5752		12-27-01		A	
PTO				First Inventor or Application Identifier		Jean-Christophe RENAULD et al			
Title				ISOLATED CYTOKINE RECEPTOR LICR-2					
Express Mail Label No.				EL649538255US					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231				
1.	<input checked="" type="checkbox"/>	*Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)			6.	<input type="checkbox"/>	Microfiche Computer Program (Appendix)		
2.	<input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	Total Pages	34	7.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
		- Descriptive title of the Invention			a.	<input type="checkbox"/>	Computer Readable Copy		
		- Cross References to Related Applications			b.	<input checked="" type="checkbox"/>	Paper Copy (identical to computer copy)		
		- Reference of Microfiche Appendix			c.	<input type="checkbox"/>	Statement verifying identity of above copies		
		- Background of the Invention			ACCOMPANYING APPLICATION PARTS				
		- Brief Summary of the Invention			8.	<input type="checkbox"/>	Assignment Papers (cover sheet & document(s))		
		- Brief Description of the Drawings (if filed)			9.	<input type="checkbox"/>	37 C.F.R. § 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/>	Power of Attorney
		- Detailed Description			10.	<input type="checkbox"/>	English Translation Document (if applicable)		
		- Claim(s)			11.	<input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/>	Copies of IDS Citations
		- Abstract of the Disclosure			12.	<input type="checkbox"/>	Preliminary Amendment		
3.	<input type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	Total Sheets		13.	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
					14.	<input type="checkbox"/>	*Small Entity Statement(s)	<input type="checkbox"/>	Statement filed in prior application, Status is proper and desired
4.	<input checked="" type="checkbox"/>	Oath or Declaration	Total Pages	3	15.	<input type="checkbox"/>	Certified Copy of Priority Document(s)		
	a.	<input checked="" type="checkbox"/>	Newly executed (original or copy)		16.	<input checked="" type="checkbox"/>	Other: Check For Filing Fee		
	b.	<input type="checkbox"/>	Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)						
	i.	<input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)						

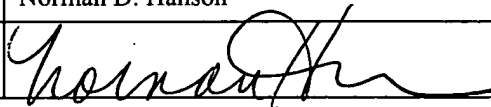
	<i>Complete if known</i>	
	Application Number	To be assigned
FEE TRANSMITTAL	Filing Date	Herewith
	First Named Inventor	Jean-Christophe RENAULD
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	LUD-5752

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$370.00
TOTAL CLAIMS	37- 20 =	17	x 9.00	\$153.00
INDEPENDENT CLAIMS	4- 3 =	1	x 42.00	\$ 42.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	00000
			TOTAL FEES	\$565.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$_____
- ☒ A check for \$565.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Deposit Account No. 50-0624
	Date: December 21, 2001	

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* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

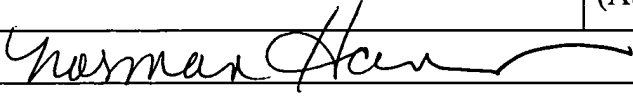
5. ☐ Incorporation By Reference (File if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Continuation-in-part (CIP)	of prior application No:	
Prior application information:				Examiner:		Group / Art Unit:	

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or bar code label	24972	or	<input checked="" type="checkbox"/>	Correspondence address below
		(Insert Customer No. or Attach bar code label here)			

Name	Fulbright & Jaworski LLP					
Address	666 Fifth Avenue					
City	New York	State	New York	ZIP Code	10103	
Country	USA	Telephone	212-318-3000		Fax	212-318-3400
Name (Print/Type)	Norman D. Hanson			Registration No. (Attorney/Agent)	30,946	
Signature					Date	December 21, 2001